## DECLARATION FOR FATERT APPLICATION

As a bel w named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled.

## APPARATUS AND METHOD FOR SELECTING A MECHANICAL SEAT

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37. Code of Federal Regulations. \$1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that villful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopaphize the validity of the application or any patent issued thereon.

Inventor's cignature

Dell name of sold inventor: Carl C. Bjornson

Citizenship: United States of America

Residence: 29 Boven Avenue, Tiverton, Rhode Island F.O. Address: 29 Boven Avenue, Tiverton, Rhode Island

Inventor's signature

Full name of joint inventor: David G. Greenlie

Citizenship: United States of America

Residence: 16 Lincoln Street, Malden, Massachusetta 02148 P.O. Address: 16 Lincoln Street, Malden, Massachusetta 02148

| Please type a | plus sign | (+) inside | this box |  |
|---------------|-----------|------------|----------|--|

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>POWER</b>  | OF  | AT  | TC | RN | EY | OR  |
|---------------|-----|-----|----|----|----|-----|
| <b>AUTHOR</b> | IZA | TIO | N  | OF | AG | ENT |

| Application Number     | 09/687,393        |   |  |  |
|------------------------|-------------------|---|--|--|
| Filing Date            | October 13, 2000  |   |  |  |
| First Named Inventor   | C. C. Bjornson    |   |  |  |
| Group Art Unit         | 2125              |   |  |  |
| Examiner Name          | Bahta, Kidest     | - |  |  |
| Attorney Docket Number | NO362/7011/92245A |   |  |  |

| I hereby appo  | int:   | [                              |  |  |  |
|--|--|--------------------------------|--|--|--|
| Practition   | ners at Customer Number  | Place Customer Number Bar Code |  |  |  |
| OR   |  | Label here                     |  |  |  |
| Practition   | er(s) named below:   |                                |  |  |  |
| Kanna  | Name eth P. Robinson   | Registration Number 20,056     |  |  |  |
| Kenne  | tii 1 . Robiisoii  | 20,030                         |  |  |  |
|  |  |                                |  |  |  |
| 14   |  |                                |  |  |  |
|  | ney(s) or agent(s) to prosecute the application in United States Patent and Trademark Office cor |                                |  |  |  |
| Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Place Cost First  Number Bar Code  PATENT TRADEMARK OFFICE  Label here    |  |                                |  |  |  |
| Firm <i>or</i> Individual Na   | ame  |                                |  |  |  |
| Address  |  |                                |  |  |  |
| Address  |  |                                |  |  |  |
| City   |  | State Zip                      |  |  |  |
| Country  |  |                                |  |  |  |
| Telephone  | I I  | Fax                            |  |  |  |
| l am the: Applicant/Inventor.  |  |                                |  |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |  |                                |  |  |  |
| SIGNATURE of Applicant or Assignee of Record   |  |                                |  |  |  |
| Name Northeast Equipment, Inc., d/b/a Delta Mechanical Seals, by Carl C. Bjornson, President   |  |                                |  |  |  |
| Signature (Aul (B)   |  |                                |  |  |  |
| Date January 3, 2003   |  |                                |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |  |                                |  |  |  |
| □ *Total of  | forms are submitted.   |                                |  |  |  |

| Please type a plus sign (+) inside this box   + | Please t | уре а | plus | sign ( | (+) | inside | this | box |  | + |
|---|----------|-------|------|--------|-----|--------|------|-----|--|---|
|---|----------|-------|------|--------|-----|--------|------|-----|--|---|

PTO/SB/82 (10/00)

Approved for use through 10/31/2002. OMB 0651-0035 

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. a valid OMB control number.

## **REVOCATION OF POWER OF** ATTORNEY OR **AUTHORIZATION OF AGENT**

| Application Number     | 09/687,393        |  |  |
|------------------------|-------------------|--|--|
| Filing Date            | October 13, 2002  |  |  |
| First Named Inventor   | C. C. Bjornson    |  |  |
| Group Art Unit         | 2125              |  |  |
| Examiner Name          | Bahta, Kidest     |  |  |
| Attorney Docket Number | N0362/7011/92245A |  |  |

| I hereby revoke all papplication:  | previous powers of attorney or authorize  | ations of | f agent given                          | in the al | bove-identified                         |  |
|--|---|-----------|--|-----------|---|--|
| OR Please chang  | attorney or Authorization of Agent is subget the correspondence address for the |           |  |           |   |  |
| Customer Number  Place Customer Number Bar Code Label here   |   |           |  |           |   |  |
| Firm or Individual Name  |   |           | ·- · · · · · · · · · · · · · · · · · · |           |   |  |
| Address  |   |           |  |           |   |  |
| Address  |   |           |  |           |   |  |
| City   |   |           |  |           |   |  |
| Country  |   | State     |  | ZIP       |   |  |
| Telephone  |   | Fax       |  | _         |   |  |
| I am the:  |   |           |  |           |   |  |
| Applicant/Inventor  Assignee of record of the entire interest. See 37 CFR 3.71  Certificate under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)   |   |           |  |           |   |  |
| SIGNATURE of Applicant or Assignee of Record   |   |           |  |           |   |  |
| Name Northeast Equipment, Inc., d/b/a Delta Mechanical Seals, by Carl C. Bjornson, President   |   |           |  |           |   |  |
| Signature (2)  |   |           |  |           |   |  |
| Date January 13, 2003  |   |           |  |           |   |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |   |           |  |           |   |  |
| *Total of  | forms are submitted.  |           |  |           | - · · · · · · · · · · · · · · · · · · · |  |

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NO362/7011/42245A

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b) Applicant: Carl C. Bjornson, et al. Application No.: 09/687,393 Filed: October 13, 2000 Entitled: APPARATUS AND METHOD FOR SELECTING A MECHANICAL SEAL Northeast Equipment, Inc., d/b/a Delta Mechanical Seals , a corporation (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) states that it is: the assignee of the entire right, title, and interest; or an assignee of an undivided part interest in the patent application identified above by virtue of either: A. [ An assignment from the inventor(s) of the patent application No. 09/179,506, which is the parent application of the continuation patent application identified above. The assignment was recorded in the Patent and Trademark Office at Reel 9551, Frame 0150, or for which a copy thereof is attached. B. [ ] A chain of title from the inventor(s), of the patent application identified above, to the current assignee as shown below: 1. From: The document was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, or for which a copy thereof is attached. The document was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached. From: The document was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached. [ ] Additional documents in the chain of title are listed on a supplemental sheet. [ ] Copies of assignments or other documents in the chain of title are attached. The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee. January 3 ,2003 Date Carl C. Bjornson Typed or printed name President Title